

FILED
UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
CLERKS OFFICE

2004 JUN 14 P 3:42

MASSACHUSETTS CARPENTERS CENTRAL COLLECTION

AGENCY, et al.,

Plaintiffs,

v.

C. J. AUDITORE FLOORING, INC.,

Defendant.

)
U.S. DISTRICT COURT
DISTRICT OF MASS

)
) CIVIL ACTION
) NO. 04-10553-MEL

REQUEST FOR NOTICE OF DEFAULT

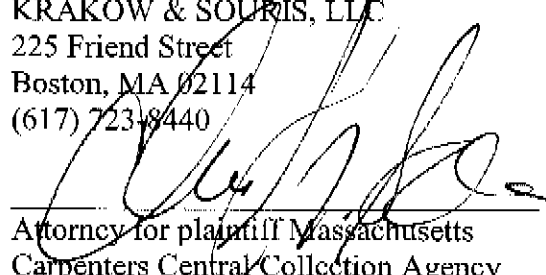
Plaintiff respectfully requests that the court send a Notice of Default to the defendant, C. J. Auditore Flooring, Inc., 10 L Rocco Drive, Derry, NH 03038 in the above-captioned action. Defendant C.J. Auditore Flooring, Inc. was served with the complaint on March 31, 2004. A copy of proof of service is attached.

As of this date, defendant has not filed an answer or other responsive pleading to the complaint.

Dated: June 4, 2004

Respectfully submitted,

Christopher N. Souris
BBO #556343
KRAKOW & SOURIS, LLC
225 Friend Street
Boston, MA 02114
(617) 723-8440



Attorney for plaintiff Massachusetts
Carpenters Central Collection Agency

CERTIFICATE OF SERVICE

I, Christopher N. Souris, hereby certify that I caused a copy of the foregoing to be served by first class U.S. mail this day to C. J. Auditore Flooring, Inc., 10 L Rocco Drive, Derry, NH 03038.



Christopher N. Souris

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Charles Audette</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>C. J. Audette Flooring Inc.</i> <i>102 Rocco Drive</i> <i>Derry, NH</i> <i>03038</i>		B. Received by (Printed Name) <i>CHARLES AUDETTE</i>	
		C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery (Exam fee) <input type="checkbox"/> Yes	
2. Article # (Transit)		7003 0500 0002 3271 1546	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	